UNITED STATES DISTRICT COURT DISTRICT OF OREGON

Kerry D. Austin,	on behalf of himself and	Civ	il Case No. 3:	14-cv-00	0706	
Plainti v.			FOR SPECIAL PRO HAC VICE			
Management an	rust Co., Morley Capital d Principal Life Insurance Co.					
Attorno	_{ey} Daniel R. Thies	rec	quests special a	dmissio	n <i>pro hac vice</i> in	
the above-capti	ioned case.					
	of Attorney Seeking Pro E f LR 83-3, and certify that			underst	and the	
(1)	PERSONAL DATA:					
	Name: Thies, Daniel F	₹.				
	(Last Name)	(First Name)	D	(MI)	(Suffix)	
	Firm or Business Affiliati					
	Mailing Address:	One South Dearborn Street				
	City: Chicago	State:	JL .	Zip:	60603	
	Phone Number: 312-85	3-7000	Fax Number:	242 0	53-7036	
	Business E-mail Address	dthies@sidley.con	1			

BA	R ADMISSIONS INFORMATION:						
(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Bar of the Illinois Supreme Court (11/4/2010), Bar ID #6304141						
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): United States Court of Appeals for the Fifth Circuit (8/10/2011)						
	United States District Court for the Northern District of Illinois (7/17/2013), Bar ID #6304141						
CE	RTIFICATION OF DISCIPLINARY ACTIONS:						
(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or						
(b)	☐ I am now or have been subject to disciplinary action from a state or federal baassociation. (See attached letter of explanation.)						
CE	RTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:						
insu	we professional liability insurance, or financial responsibility equivalent to liability rance, that will apply and remain in force for the duration of the case, including an eal proceedings.						
REI	PRESENTATION STATEMENT:						
	representing the following party(s) in this case: fendants: Union Bond & Trust Co.; Morley Capital Management;						
De							

(6)	CM/ECF REG	ISTRATIO	N:				
	become a regist	ered user of t website at or	the Court's rd.uscourts	Case Ma	anagement d I consen	I acknowledge that I will //Electronic Case File system. to electronic service pursuant trict of Oregon.	
DATE	ED this 23.1	day of	1ay	_, 2	014		
			,	(Signature	of Pro Hac C	,	
				Danie (Typed No	R. Thie	S	
CERTIFICAT	TION OF ASSO	CIATED LC	CAL CO				
requirements of		at I will serve	e as design	ated loca		have read and understand the n this particular case.	
				(Signature	of Local Cou	nsel)	
Name: Miller	r, Robert B.		(First Na	me)		(MI) (Suffix)	
Oregon State E	Bar Number:						
Firm or Busine	ess Affiliation: Ki	lmer, Voor	hees & L	aurick,	PC		
Mailing Addre	ss: <u>732 N.W. 1</u>	9th Avenue	9				
City: Portland				_ State:		Zip: <u>97209</u>	
Phone Number	503-224-005	55	Busin	iess E-ma	ail Address	: bobmiller@kilmerlaw.com	
COURT ACTION							
DATE		ication approication denie	ed.			s.	
				Judge			